

## Kelly, Virginia

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**From:** Navratil, Russ [nav@co.henrico.va.us]  
**Sent:** Friday, April 11, 2008 9:09 AM  
**To:** Kelly, Virginia  
**Subject:** RE: revision to VPDES permit, Part I.B.1.a

Gina,

I do not see any issue with the proposed revision to the permit that you show below.

Russell Navratil  
County of Henrico  
Department of Public Utilities  
Water Treatment Facility  
10111 Three Chopt Road  
Richmond, Virginia 23233

804-935-0367 EXT. 222  
804-527-0271 FAX

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From: Kelly, Virginia [mailto:vekelly@deq.virginia.gov]  
Sent: Fri 4/11/2008 9:07 AM  
To: Navratil, Russ  
Subject: revision to VPDES permit, Part I.B.1.a

Hi Russ,

It is my understanding that while the WTP doesn't currently feed and hasn't historically fed any chemicals other than KMNO4 at the intake structure, the ability to feed other chemicals (like sodium hypochlorite) is there. Accordingly DEQ proposes to revise the Part I.B.1.a special condition to read:

. Following each and every release of process water (i.e., any emergency overflow from the Clear Well Overflow (CWO), Raw Water Inlet if Potassium Permanganate has any chemicals have been added (RWI), Filter Inlet Channel (FIC) and Washwater Reclamation Tanks (WRT) or from the Clear Well Drain (CWD)) to the detention basin, all subsequent discharges from the detention basin ("discharge(s)") shall be monitored in accordance with the requirements of Part I.A. of this permit until either a volume of water greater than ten times the volume of process water released into the basin or 770,000 gallons, whichever is greater, has been discharged.

As this revision creates a more stringent permit, no re-public notice is necessary. Please let me know if the county has any comments on and is willing to accept these changes. A response to this email is sufficient.

Thanks for your help,

Gina Kelly

Water Permitting



## MEMORANDUM

### DEPARTMENT OF ENVIRONMENTAL QUALITY Piedmont Regional Office

4949-A Cox Road, Glen Allen, Virginia 23060-6295

804/527-5020

**TO:** Curt Linderman  
**FROM:** Gina Kelly  
**DATE:** January 4, 2008  
**SUBJECT:** Waiver Request for VA0091197 – Henrico County WTP  
**COPIES:** File (R/W, right)

Please note the following:

- The facility discharges to a public water supply and has a flow rate of 0.70 MGD (based on basin capacity).
- A waiver is requested for BOD, TSS, COD, TOC, and iron.

When this permit was initially issued, an EPA Form 2D was completed. As this facility is not a new discharger and this permit action is a reissuance, the permittee completed the EPA Form 2C as part of the application package. Parts V.A and B of this form require monitoring of various pollutants, including those parameters listed above. As the facility has not had a discharge of process wastewater which required sampling and monitoring, no effluent data is available. Concentrations of these parameters in the intake water were provided.

I recommend approving this waiver. The parameters above are conventional pollutants (not toxics), and the permit currently limits TSS and requires monitoring for dissolved iron (a PWS concern). Having analytical results for these parameters would not affect the draft permit.

☒ Approved

☐ Denied

Comments:

*As recommended, for this permit cycle only.*

  
Signature

*1/7/08*  
Date

**Kelly, Virginia**

**From:** Ridenoure, Jennifer [JRidenoure@PIRNIE.COM]  
**Sent:** Tuesday, December 04, 2007 8:24 AM  
**To:** Kelly, Virginia  
**Subject:** RE: Henrico County WTP VPDES Permit application

Kelly,  
Yes they are in mg/L.  
Thanks,  
Jennifer

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**From:** Kelly, Virginia [mailto:vekelly@deq.virginia.gov]  
**Sent:** Monday, December 03, 2007 5:11 PM  
**To:** Ridenoure, Jennifer  
**Subject:** Henrico County WTP VPDES Permit application

Hi Jennifer,

I received the revised permit application today and came upon one quick question during my review. Form 2C, Part V.A and B have several estimated values for various parameters; however, some estimates are missing units. I assume the units for are ammonia, TRC, iron, and manganese all in mg/L? Please confirm that this assumption is correct.

Thanks,  
**Gina Kelly**  
Department of Environmental Quality  
Piedmont Regional Office  
Water Permits  
804/527-5048  
804/527 5106 (fax)



please consider the environment - do you really need to print this email?

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COMMONWEALTH OF VIRGINIA  
COUNTY OF HENRICO

DEPARTMENT OF PUBLIC UTILITIES

November 29, 2007

ARTHUR D. PETRINI, P.E.  
DIRECTOR  
(804) 501-4517

RECEIVED  
DEC 03 2007  
PRO

Virginia R. E. Kelly, EIT  
Department of Environmental Quality  
Piedmont Regional Office  
4949-A Cox Road  
Glen Allen, Virginia 23060

**RE: Reissuance of VPDES Permit No. VA0091197**

Dear Ms. Kelly:

The Henrico County Department of Utilities has addressed the issues in the Department of Environmental Quality (DEQ) reissuance letter dated October 23, 2007. Actions taken in response to each DEQ comment are listed below in *italics*:

**On EPA Form 1, please clarify the following:**

- **DEQ Comment:**

Item III.C – Please specify the type of public entity.

**Response:**

*The type of public entity is now specified as "Municipal" for Item III.C.*

- **DEQ Comment:**

Item VII – The SIC code indicated (8999 – service not elsewhere classified) does not coincide with the SIC Code selected previously (4941 – Water Supply). SIC code 4941 is the code typically selected by most Water Treatment Plants. Please review the SIC Code 4941 to determine if this code more appropriately describes the operation.

**Response:**

*SIC code 4941 – Water Supply was reviewed. This code more appropriately indicates the operation of the Water Treatment Plant and is now noted in Item VII.*

- **DEQ Comment:**

Item X.A – Please note that this permit (VA0091197) is an NPDES permit issued by the Commonwealth of Virginia to whom EPA has delegated this authority.

**Response:**

*It is noted in X.A that the NPDES permit is issued by the Commonwealth of Virginia which has primacy as delegated by the EPA.*

**With regards to the EPA Form 2C**

- **DEQ Comment:**

Item I.A – The latitude and longitude coordinates for the outfall vary from those coordinates previously submitted. Please confirm that these most recent values are correct and also verify how these coordinates were obtained (GPS, topozone.com, estimates, etc).

**Response:**

*The coordinates have been modified to those submitted in the original permit application.*

- **DEQ Comment:**

Item II.B.2.b – No flows were provided as the facility has not actually discharged process wastewater. Please provide estimates of flow contributions from each source. The current permit fact sheet may be a useful reference as it contains the previously estimated flows from each source; please be sure to review the old flows and associated sources to ensure that these estimates are still accurate.

**Response:**

*The current permit fact sheet and application were reviewed and do provide an accurate estimation of the potential flows at the facility. These flows have been inserted into Item II.B.2.b.*

- **DEQ Comment:**

Items III.A, B, and C – No federal effluent guidelines are applicable to this facility. Please revise these sections.

**Response:**

*The sections are revised as per DEQ comment.*

- **DEQ Comment:**

Item V.A – Please provide estimated data for these parameters and add a note indicating that the values were estimated and how the estimates were made (references, etc.). The previously submitted application may be a useful reference as it contains the previously estimated data for each parameter; please be sure to review the means of estimation to ensure that these values are still accurate.

**Response:**

*The previously submitted application was referenced to provide estimated data for parameters in the section.*

- **DEQ Comment:**

Item V.B.2 – Please mark each parameter as “believed present” or “believed absent.” For any parameters marked “believed present,” please provide estimated data values and the source of the estimate.

**Response:**

*The previously submitted application was referenced to provide data for parameters in the section.*

- **DEQ Comment:**

Item V.C.2 – Please mark each parameter as “testing required,” “believe present”, or “believed absent.” For any parameters marked “testing required” or “believed present,” please provide estimated data values and the source of the estimate.

**Response:**

*The previous application was used as a reference to provide data for each parameter. The parameters are included in Item V.C.2.*

- **DEQ Comment:**

IX.C – Russell Navratil needs to sign and date this form.

**Response:**

*The name has been changed to Arthur Petrini. Arthur Petrini has signed and dated the form.*

## **VPDES Permit Application Addendum**

- **DEQ Comment:**

Item 6 – The percent wastewater from non-domestic sources is 100%. Please revise accordingly.

**Response:**

*This has been revised per the DEQ Comment.*

- **DEQ Comment:**

Item 8 – This permit authorizes discharge from the stormwater basin. This question refers to characteristics of the stream receiving discharge from the basin (e.g. the unnamed tributary to Deep Run Creek). Please revise the response.

**Response:**

*The characteristics of the Unnamed Tributary are revised.*

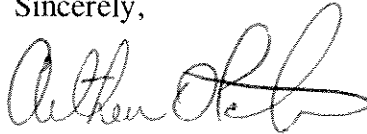
**Public Notice Authorization**

- **DEQ Comment:**  
This form must be signed by Arthur Petrini.

**Response:**  
*Arthur Petrini has signed the form.*

The revisions noted above have been made to the reissuance permit application. Three revised copies are attached to this letter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arthur Petrini', with a stylized flourish at the end.

Arthur Petrini, P.E.  
Director of Public Utilities

Enclosures

cc: Russell Navratil, Division Director, Water Reclamation Facility  
Marchelle Sossong, Senior Engineer, CIP

| FORM<br><b>1</b><br>GENERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <br><b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b><br><b>GENERAL INFORMATION</b><br>Consolidated Permits Program<br><i>(Read the "General Instructions" before starting.)</i> | I. EPA I.D. NUMBER<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:15%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                   | S                                                 |                                                                                                                                                                                                                                                                                                                  | T/A         | C                                       | F                          |          |    | D | 1   | 2  | 13                        | 14  |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   |                                                                                                                                                      |  |   |  |                                                                                             |             |   |  |                                                                                                                                                                                                                  |         |   |          |                                                                                                                                                                                                                                                                                                                |    |    |    |                                                                                                                                                                                                                                       |                 |   |  |                                                                                                                                                                                                                                                                                                       |          |             |    |                                                                                                                                                                                                                                                                                                                  |  |   |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
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| LABEL ITEMS<br>I. EPA I.D. NUMBER<br>III. FACILITY NAME<br>V. FACILITY MAILING ADDRESS<br>VI. FACILITY LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            | GENERAL INSTRUCTIONS<br>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. |                                                   |                                                                                                                                                                                                                                                                                                                  |             |                                         |                            |          |    |   |     |    |                           |     |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   |                                                                                                                                                      |  |   |  |                                                                                             |             |   |  |                                                                                                                                                                                                                  |         |   |          |                                                                                                                                                                                                                                                                                                                |    |    |    |                                                                                                                                                                                                                                       |                 |   |  |                                                                                                                                                                                                                                                                                                       |          |             |    |                                                                                                                                                                                                                                                                                                                  |  |   |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
| RECEIVED<br>PLEASE PLACE LABEL IN THIS SPACE<br>DEC 03 2007<br>PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| II. POLLUTANT CHARACTERISTICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)</td> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">X</td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an <b>attainment area?</b> (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SPECIFIC QUESTIONS                                | Mark "X"                                                                                                                                                                                                                                                                                                         |             |                                         | SPECIFIC QUESTIONS         | Mark "X" |    |   | YES | NO | FORM ATTACHED             | YES | NO | FORM ATTACHED | A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A) |    | X  |    | B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B) |  | X |  | C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C) | X |  | X | D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D) |  | X |  | E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3) |             | X |  | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) |         | X |          | G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) |    | X  |    | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) |                 | X |  | I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |          | X           |    | J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an <b>attainment area?</b> (FORM 5) |  | X |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
| SPECIFIC QUESTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mark "X"                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | SPECIFIC QUESTIONS                                                                                                                                                                                                                                                                                               | Mark "X"    |                                         |                            |          |    |   |     |    |                           |     |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                       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                                                                                                                             | FORM ATTACHED                                     |                                                                                                                                                                                                                                                                                                                  | YES         | NO                                      | FORM ATTACHED              |          |    |   |     |    |                           |     |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                       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|  |  |
| A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   | B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)                                                                             |             | X                                       |                            |          |    |   |     |    |                           |     |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   |                                                                                                                                                      |  |   |  |                                                                                             |             |   |  |                                                                                                                                                                                                                  |         |   |          |                                                                                                                                                                                                                                                                                                                |    |    |    |                                                                                                                                                                                                                                       |                 |   |  |                                                                                                                                                                                                                                                                                                       |          |             |    |                                                                                                                                                                                                                                                                                                                  |  |   |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
| C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X                                                 | D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)                                                                                                                                                             |             | X                                       |                            |          |    |   |     |    |                           |     |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   |                                                                                                                                                      |  |   |  |                                                                                             |             |   |  |                                                                                                                                                                                                                  |         |   |          |                                                                                                                                                                                                                                                                                                                |    |    |    |                                                                                                                                                                                                                                       |                 |   |  |                                                                                                                                                                                                                                                                                                       |          |             |    |                                                                                                                                                                                                                                                                                                                  |  |   |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
| E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)                                                                                                 |             | X                                       |                            |          |    |   |     |    |                           |     |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   |                                                                                                                                                      |  |   |  |                                                                                             |             |   |  |                                                                                                                                                                                                                  |         |   |          |                                                                                                                                                                                                                                                                                                                |    |    |    |                                                                                                                                                                                                                                       |                 |   |  |                                                                                                                                                                                                                                                                                                       |          |             |    |                                                                                                                                                                                                                                                                                                                  |  |   |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)                                                                            |             | X                                       |                            |          |    |   |     |    |                           |     |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   |                                                                                                                                                      |  |   |  |                                                                                             |             |   |  |                                                                                                                                                                                                                  |         |   |          |                                                                                                                                                                                                                                                                                                                |    |    |    |                                                                                                                                                                                                                                       |                 |   |  |                                                                                                                                                                                                                                                                                                       |          |             |    |                                                                                                                                                                                                                                                                                                                  |  |   |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
| I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   | J. 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| III. NAME OF FACILITY<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:5%;">t</td> <td style="width:5%;">SKIP</td> <td style="width:85%;">Henrico County Water Treatment Facility</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| IV. FACILITY CONTACT<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">A. NAME &amp; TITLE (last, first, &amp; title)</td> <td colspan="4" style="text-align: center;">B. PHONE (area code &amp; no.)</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">2</td> <td style="width:40%;">Petrini, Arthur, Director</td> <td style="width:5%;">45</td> <td style="width:5%;">46</td> <td style="width:5%;">48</td> <td style="width:5%;">49</td> <td style="width:5%;">51</td> <td style="width:5%;">52</td> <td style="width:5%;">55</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A. NAME & TITLE (last, first, & title)            |                                                                                                                                                                                                                                                                                                                  |             |                                         | B. PHONE (area code & no.) |          |    |   | C   | 2  | Petrini, Arthur, Director | 45  | 46 | 48            | 49                                                                                                                               | 51 | 52 | 55 |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   |                                                                                                                                                      |  |   |  |                                                                                             |             |   |  |                                                                                                                                                                                                                  |         |   |          |                                                                                                                                                                                                                                                                                                                |    |    |    |                                                                                                                                                                                                                                       |                 |   |  |                                                                                                                                                                                                                                                                                                       |          |             |    |                                                                                                                                                                                                                                                                                                                  |  |   |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
| A. NAME & TITLE (last, first, & title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | B. 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| V. FACILITY MAILING ADDRESS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">A. STREET OR P.O. BOX</td> <td colspan="4"></td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">3</td> <td style="width:40%;">10111 Three Chopt Road</td> <td style="width:5%;">45</td> <td colspan="5"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="5"></td> </tr> <tr> <td colspan="4" style="text-align: center;">B. CITY OR TOWN</td> <td style="text-align: center;">C. STATE</td> <td colspan="4" style="text-align: center;">D. ZIP CODE</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">4</td> <td style="width:40%;">Richmond</td> <td style="width:5%;">40</td> <td style="width:5%;">41</td> <td style="width:5%;">42</td> <td style="width:5%;">47</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">VA</td> <td></td> <td></td> <td colspan="3"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A. STREET OR P.O. BOX                             |                                                                                                                                                                                                                                                                                                                  |             |                                         |                            |          |    |   | C   | 3  | 10111 Three Chopt Road    | 45  |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   | B. CITY OR TOWN                                                                                                                                      |  |   |  | C. STATE                                                                                    | D. ZIP CODE |   |  |                                                                                                                                                                                                                  | C       | 4 | Richmond | 40                                                                                                                                                                                                                                                                                                             | 41 | 42 | 47 |                                                                                                                                                                                                                                       |                 |   |  |                                                                                                                                                                                                                                                                                                       |          |             | VA |                                                                                                                                                                                                                                                                                                                  |  |   |   |          |    |    |    |    |    |    |    |  |  |  |  |    |  |  |  |  |  |
| A. STREET OR P.O. 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|  |  |
| VI. FACILITY LOCATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</td> <td colspan="4"></td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">5</td> <td style="width:40%;">10111 Three Chopt Road</td> <td style="width:5%;">45</td> <td colspan="5"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="5"></td> </tr> <tr> <td colspan="4" style="text-align: center;">B. COUNTY NAME</td> <td colspan="4"></td> </tr> <tr> <td style="width:5%;">46</td> <td colspan="3">Henrico</td> <td style="width:5%;">70</td> <td colspan="4"></td> </tr> <tr> <td colspan="4" style="text-align: center;">C. CITY OR TOWN</td> <td style="text-align: center;">D. STATE</td> <td colspan="2" style="text-align: center;">E. ZIP CODE</td> <td colspan="2" style="text-align: center;">F. COUNTY CODE (if known)</td> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">6</td> <td style="width:40%;">Richmond</td> <td style="width:5%;">40</td> <td style="width:5%;">41</td> <td style="width:5%;">42</td> <td style="width:5%;">47</td> <td style="width:5%;">51</td> <td style="width:5%;">52</td> <td style="width:5%;">54</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">VA</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A. 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OR OTHER SPECIFIC IDENTIFIER |                                                                                                                                                                                                                                                                                                                  |             |                                         |                            |          |    |   | C   | 5  | 10111 Three Chopt Road    | 45  |    |               |                                                                                                                                  |    |    |    |                                                                                                                                                                                                                                      |  |   |  |                                                                                                                                                |   |  |   | B. COUNTY NAME                                                                                                                                       |  |   |  |                                                                                             |             |   |  | 46                                                                                                                                                                                                               | Henrico |   |          | 70                                                                                                                                                                                                                                                                                                             |    |    |    |                                                                                                                                                                                                                                       | C. CITY OR TOWN |   |  |                                                                                                                                                                                                                                                                                                       | D. STATE | E. ZIP CODE |    | F. COUNTY CODE (if known)                                                                                                                                                                                                                                                                                        |  | C | 6 | Richmond | 40 | 41 | 42 | 47 | 51 | 52 | 54 |  |  |  |  | VA |  |  |  |  |  |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| C. CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | D. STATE                                                                                                                                                                                                                                                                                                         | E. ZIP CODE |                                         | F. 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CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST |    |    |    |    |   |           |              |    |    | B. SECOND |    |   |   |  |  |  |  |           |  |  |  |  |  |
|----------|----|----|----|----|---|-----------|--------------|----|----|-----------|----|---|---|--|--|--|--|-----------|--|--|--|--|--|
| C        | 7  | 4  | 9  | 4  | 1 | (specify) | Water Supply |    |    |           |    | C | 7 |  |  |  |  | (specify) |  |  |  |  |  |
| 15       | 16 | 17 | 18 | 19 |   |           | 15           | 16 | 17 | 18        | 19 |   |   |  |  |  |  |           |  |  |  |  |  |
| C. THIRD |    |    |    |    |   |           |              |    |    | D. FOURTH |    |   |   |  |  |  |  |           |  |  |  |  |  |
| C        | 7  |    |    |    |   | (specify) |              |    |    |           |    | C | 7 |  |  |  |  | (specify) |  |  |  |  |  |
| 15       | 16 | 17 | 18 | 19 |   |           | 15           | 16 | 17 | 18        | 19 |   |   |  |  |  |  |           |  |  |  |  |  |

## VIII. OPERATOR INFORMATION

| A. NAME                                                                                                    |    |                                               |  |  |  |  |  |  |  | B. Is the name listed in Item VIII-A also the owner? |  |  |  |  |  |  |  |  |  |                                                                     |    |    |    |    |    |    |    |    |    |    |    |
|------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------|--|--|--|--|--|--|--|------------------------------------------------------|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|
| C                                                                                                          | 8  | Henrico County Department of Public Utilities |  |  |  |  |  |  |  |                                                      |  |  |  |  |  |  |  |  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |    |    |    |    |    |    |    |    |    |    |    |
| 15                                                                                                         | 16 |                                               |  |  |  |  |  |  |  |                                                      |  |  |  |  |  |  |  |  |  | 55                                                                  | 56 |    |    |    |    |    |    |    |    |    |    |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)             |    |                                               |  |  |  |  |  |  |  | D. PHONE (area code & no.)                           |  |  |  |  |  |  |  |  |  |                                                                     |    |    |    |    |    |    |    |    |    |    |    |
| F = FEDERAL<br>S = STATE<br>P = PRIVATE<br>M = PUBLIC (other than federal or state)<br>O = OTHER (specify) |    |                                               |  |  |  |  |  |  |  | M (specify)<br>Municipal                             |  |  |  |  |  |  |  |  |  | (804) 501-4275                                                      |    |    |    |    |    |    |    |    |    |    |    |
|                                                                                                            |    |                                               |  |  |  |  |  |  |  |                                                      |  |  |  |  |  |  |  |  |  | 15                                                                  | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |

| E. STREET OR P.O. BOX |  |  |  |  |  |  |  |  |  |    |
|-----------------------|--|--|--|--|--|--|--|--|--|----|
| P.O. Box 27032        |  |  |  |  |  |  |  |  |  |    |
| 26                    |  |  |  |  |  |  |  |  |  | 55 |

| F. CITY OR TOWN |    |          |  |  |  |  |  |  |  | G. STATE |    | H. ZIP CODE |    | IX. INDIAN LAND                                                                                                 |    |
|-----------------|----|----------|--|--|--|--|--|--|--|----------|----|-------------|----|-----------------------------------------------------------------------------------------------------------------|----|
| C               | B  | Richmond |  |  |  |  |  |  |  | VA       |    | 23273       |    | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |    |
| 15              | 16 |          |  |  |  |  |  |  |  | 40       | 41 | 42          | 43 | 51                                                                                                              | 52 |

## X. EXISTING ENVIRONMENTAL PERMITS

| A. NPDES (Discharges to Surface Water)   |    |    |    |    |    |    |    |    |    | D. PSD (Air Emissions from Proposed Sources) |    |           |    |    |    |    |    |    |                                                                                                               |  |  |
|------------------------------------------|----|----|----|----|----|----|----|----|----|----------------------------------------------|----|-----------|----|----|----|----|----|----|---------------------------------------------------------------------------------------------------------------|--|--|
| C                                        | 9  | N  |    |    |    |    |    |    |    | C                                            | 9  | P         |    |    |    |    |    |    |                                                                                                               |  |  |
| 15                                       | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15                                           | 16 | 17        | 18 | 19 | 20 | 21 | 22 | 23 | 24                                                                                                            |  |  |
| B. UIC (Underground Injection of Fluids) |    |    |    |    |    |    |    |    |    | E. OTHER (specify)                           |    |           |    |    |    |    |    |    |                                                                                                               |  |  |
| C                                        | 9  | U  |    |    |    |    |    |    |    | C                                            | 9  | VA0091197 |    |    |    |    |    |    | (specify) NPDES permit is issued by the Commonwealth of Virginia to whom the EPA has delegated the authority. |  |  |
| 15                                       | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15                                           | 16 | 17        | 18 | 19 | 20 | 21 | 22 | 23 | 24                                                                                                            |  |  |
| C. RCRA (Hazardous Wastes)               |    |    |    |    |    |    |    |    |    | E. OTHER (specify)                           |    |           |    |    |    |    |    |    |                                                                                                               |  |  |
| C                                        | 9  | R  |    |    |    |    |    |    |    | C                                            | 9  |           |    |    |    |    |    |    | (specify)                                                                                                     |  |  |
| 15                                       | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15                                           | 16 | 17        | 18 | 19 | 20 | 21 | 22 | 23 | 24                                                                                                            |  |  |

## XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

The Henrico County Water Treatment Facility provides drinking water to the residents and businesses of Henrico County.

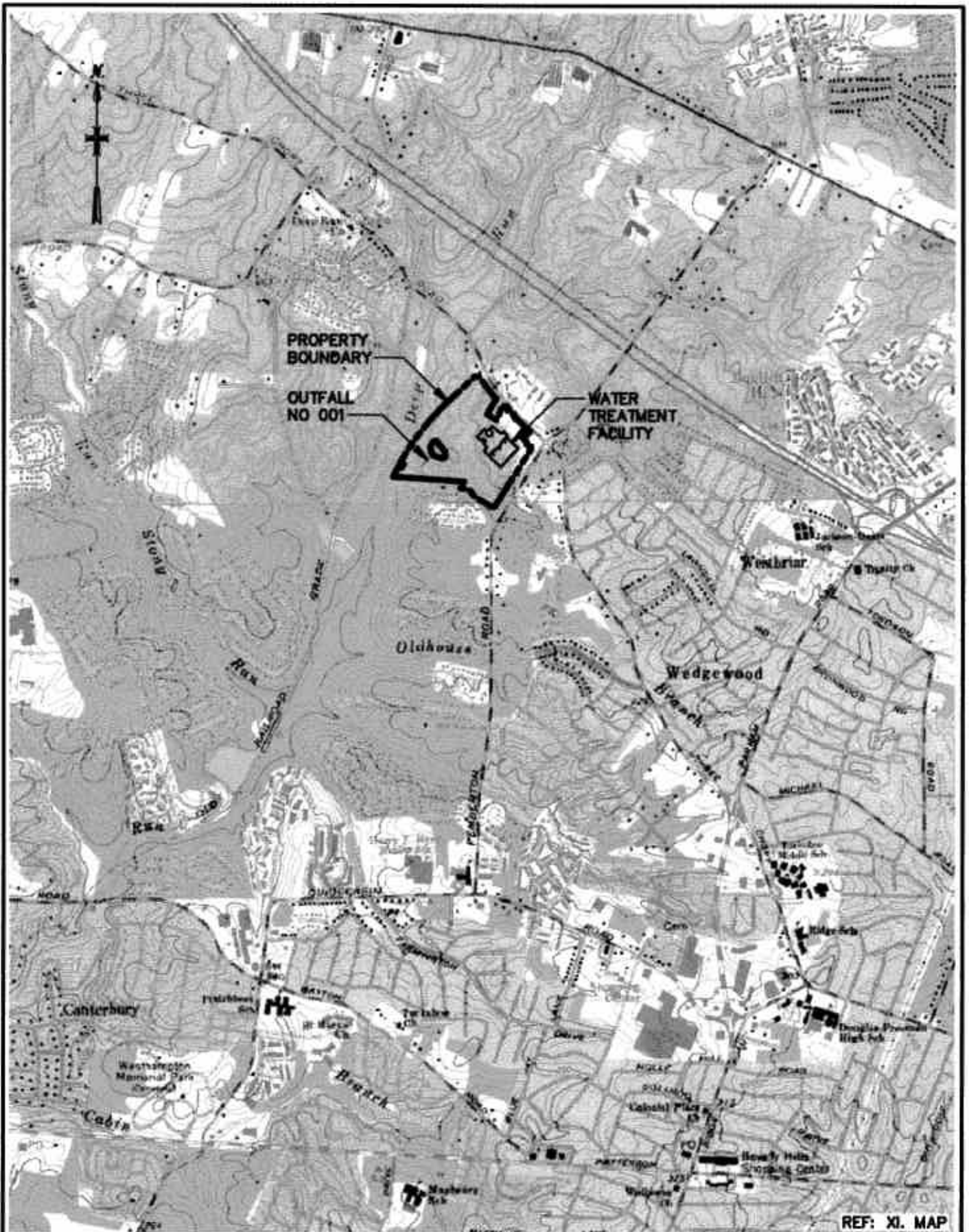
## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| A. NAME & OFFICIAL TITLE (type or print)    |  |  |  |  |  |  |  |  |  | B. SIGNATURE                                                                         |  |  |  |  |  |  |  |  |  | C. DATE SIGNED |  |  |  |  |  |  |  |  |  |
|---------------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| Arthur Petrini, Director<br>Henrico Co. DPU |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 11/30/07       |  |  |  |  |  |  |  |  |  |

## COMMENTS FOR OFFICIAL USE ONLY

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| C  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 |



**MALCOLM  
PIRNIE**

**HENRICO COUNTY  
DEPARTMENT OF  
PUBLIC UTILITIES**

**HENRICO COUNTY  
WATER TREATMENT FACILITY  
FACILITY MAP  
SCALE: 1" = 2000'**

**MALCOLM PIRNIE, INC.  
OCTOBER 2007  
FIGURE 1**

Form Approved.  
OMB No. 2040-0086.  
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

[illegible]

Intake - James River



Gate  
Structure

Raw Water  
Pumping  
Station

Raw Water  
Inlet  
Hydraulic  
Dissipation  
Chamber

Rapid Mix

Flocculation

Sedimentation

Ozone

Filters

Finished Water  
Clearwell

Distribution System

Plant Underdrain  
System

Water  
Reclamation  
Tanks

Plant Overflow

Stormwater Detention  
Pond

Outfall No. 001

**LEGEND**  
Plant Process & Flow ———  
Detention Pond Flow - - - - -

II A. Line Diagram Henrico County Water Treatment Facility

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES (complete the following table)☐ NO (go to Section III)

| 1. OUTFALL<br>NUMBER <i>(list)</i> | 2. OPERATION(s)<br>CONTRIBUTING FLOW<br><i>(list)</i>                                                                                                                            | 3. FREQUENCY                                        |                                                   | 4. FLOW                      |                                    |                                                |                                                     |                                       |  |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|------------------------------|------------------------------------|------------------------------------------------|-----------------------------------------------------|---------------------------------------|--|
|                                    |                                                                                                                                                                                  | a. DAYS PER<br>WEEK<br><i>(specify<br/>average)</i> | b. MONTHS<br>PER YEAR<br><i>(specify average)</i> | a. FLOW RATE <i>(in mgd)</i> |                                    | B. TOTAL VOLUME<br><i>(specify with units)</i> |                                                     | C. DURATION<br><i>(in days)</i>       |  |
|                                    |                                                                                                                                                                                  |                                                     |                                                   | 1. LONG TERM<br>AVERAGE      | 2. MAXIMUM<br>DAILY                | 1. LONG TERM<br>AVERAGE                        | 2. MAXIMUM<br>DAILY                                 |                                       |  |
| 001                                | Emergency overflows -<br>(a) finished water clearwell<br>(b) raw water inlet<br>(c) filter inlet channel<br>(d) wash-water reclamation tanks.<br>(e) Draining of clearwell cell. | 0<br>0<br>0<br>0<br>0                               | 0.083*<br>0.083*<br>0.083*<br>0.083*<br>0.083*    | 0<br>0<br>0<br>0<br>0        | 0.7<br>0.7<br>0.7<br>0.144<br>0.10 | 0<br>0<br>0<br>0<br>0                          | 700,000<br>700,000<br>700,000<br>144,000<br>100,000 | 0.021<br>0.21<br>0.21<br>0.21<br>0.21 |  |
| *Assumes one overflow every year   |                                                                                                                                                                                  |                                                     |                                                   |                              |                                    |                                                |                                                     |                                       |  |

## III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B)☒ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

| 1. AVERAGE DAILY PRODUCTION |                     |                                                    | 2. AFFECTED OUTFALLS<br>(list outfall numbers) |
|-----------------------------|---------------------|----------------------------------------------------|------------------------------------------------|
| a. QUANTITY PER DAY         | b. UNITS OF MEASURE | c. OPERATION, PRODUCT, MATERIAL, ETC.<br>(specify) |                                                |
|                             |                     |                                                    |                                                |

## IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

| 1. IDENTIFICATION OF CONDITION,<br>AGREEMENT, ETC. | 2. AFFECTED OUTFALLS |                        | 3. BRIEF DESCRIPTION OF PROJECT | 4. FINAL COMPLIANCE DATE |              |
|----------------------------------------------------|----------------------|------------------------|---------------------------------|--------------------------|--------------|
|                                                    | a. NO.               | b. SOURCE OF DISCHARGE |                                 | a. REQUIRED              | b. PROJECTED |
|                                                    |                      |                        |                                 |                          |              |

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED


A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below) ☒ NO (go to Item VI-B)



CONTINUED FROM THE FRONT

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?


☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

| A. NAME | B. ADDRESS | C. TELEPHONE<br>(area code & no.) | D. POLLUTANTS ANALYZED<br>(list) |
|---------|------------|-----------------------------------|----------------------------------|
|         |            |                                   |                                  |

**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|                                                                                                     |                                                  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------|
| A. NAME & OFFICIAL TITLE (type or print)<br>Arthur Petrini, Director Henrico County DPU             | B. PHONE NO. (area code & no.)<br>(804) 501-4280 |
| C. SIGNATURE<br> | D. DATE SIGNED<br>11/30/07                       |

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

| V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)                                                                                                    |                        |             |                                        |           |                                         |          |                    |                                              |                |                      |          | OUTFALL NO.        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------|----------------------------------------|-----------|-----------------------------------------|----------|--------------------|----------------------------------------------|----------------|----------------------|----------|--------------------|--|
| PART A—You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. |                        |             |                                        |           |                                         |          |                    |                                              |                |                      |          |                    |  |
| 2. EFFLUENT                                                                                                                                                                   |                        |             |                                        |           |                                         |          |                    |                                              |                |                      |          |                    |  |
| 1. POLLUTANT                                                                                                                                                                  | a. MAXIMUM DAILY VALUE |             | b. MAXIMUM 30 DAY VALUE (if available) |           | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSES | 3. UNITS (specify if blank)                  |                | 4. INTAKE (optional) |          | b. NO. OF ANALYSES |  |
|                                                                                                                                                                               | (1) CONCENTRATION      | (2) MASS    | (1) CONCENTRATION                      | (2) MASS  | (1) CONCENTRATION                       | (2) MASS |                    | a. LONG TERM AVERAGE VALUE (1) CONCENTRATION | (2) MASS       | a. CONCENTRATION     | b. MASS  |                    |  |
| a. Biochemical Oxygen Demand (BOD)                                                                                                                                            | X                      | X           | X                                      | X         | X                                       | X        | X                  | X                                            | X              | X                    | 2 mg/L   |                    |  |
| b. Chemical Oxygen Demand (COD)                                                                                                                                               | X                      | X           | X                                      | X         | X                                       | X        | X                  | X                                            | X              | X                    | 2 mg/L   |                    |  |
| c. Total Organic Carbon (TOC)                                                                                                                                                 | X                      | X           | X                                      | X         | X                                       | X        | X                  | X                                            | X              | X                    | 5 mg/L   |                    |  |
| d. Total Suspended Solids (TSS)                                                                                                                                               | X                      | X           | X                                      | X         | X                                       | X        | X                  | X                                            | X              | X                    | <10 mg/L |                    |  |
| e. Ammonia (as N)                                                                                                                                                             | 0.005                  | X           | X                                      | X         | X                                       | X        | X                  | X                                            | X              | X                    |          |                    |  |
| f. Flow                                                                                                                                                                       | VALUE 0.7 MGD          |             | VALUE X                                |           | VALUE 0 MGD                             |          |                    |                                              |                |                      | VALUE    |                    |  |
| g. Temperature (winter)                                                                                                                                                       | VALUE 7 Celsius        |             | VALUE X                                |           | VALUE X                                 |          |                    |                                              | °C             |                      | VALUE    |                    |  |
| h. Temperature (summer)                                                                                                                                                       | VALUE 27 Celsius       |             | VALUE X                                |           | VALUE X                                 |          |                    |                                              | °C             |                      | VALUE    |                    |  |
| i. pH                                                                                                                                                                         | MINIMUM 7.0            | MAXIMUM 7.5 | MINIMUM X                              | MAXIMUM X |                                         |          |                    |                                              | STANDARD UNITS |                      |          |                    |  |

| PART B— Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements. |                     |                    |                                          |          |                                        |          |                                         |          |                    |                      |         |                                                       |   |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|------------------------------------------|----------|----------------------------------------|----------|-----------------------------------------|----------|--------------------|----------------------|---------|-------------------------------------------------------|---|--------------------|
| 2. MARK "X"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | 3. EFFLUENT        |                                          |          |                                        | 4. UNITS |                                         |          |                    | 5. INTAKE (optional) |         |                                                       |   |                    |
| 1. POLLUTANT AND CAS NO. (if available)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a. BELIEVED PRESENT | b. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE (1) CONCENTRATION |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSES | a. CONCENTRATION     | b. MASS | a. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS |   | b. NO. OF ANALYSES |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                    | (1) CONCENTRATION                        | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                    |                      |         |                                                       |   |                    |
| a. Bromide (24959-67-9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | X                  |                                          |          |                                        |          |                                         |          |                    |                      |         |                                                       |   |                    |
| b. Chlorine, Total Residual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X                   |                    | 0.015                                    | X        | X                                      | X        | X                                       | X        | 1                  | X                    | X       | X                                                     | X |                    |
| c. Color                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |                                          |          |                                        |          |                                         |          |                    |                      |         |                                                       |   |                    |
| d. Fecal Coliform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |                                          |          |                                        |          |                                         |          |                    |                      |         |                                                       |   |                    |
| e. Fluoride (16984-48-8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |                                          |          |                                        |          |                                         |          |                    |                      |         |                                                       |   |                    |
| f. Nitrate-Nitrite (as N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | X                  |                                          |          |                                        |          |                                         |          |                    |                      |         |                                                       |   |                    |

References for data in V.A, V.B, and V.C were provided from the previously submitted application.



## ITEM V-B CONTINUED FROM FRONT

| 1. POLLUTANT AND CAS NO. (if available)       | 2. MARK "X"         |                    | 3. EFFLUENT            |          |                                        |          | 4. UNITS                                |                    | 5. INTAKE (optional) |         |                                |          |                    |
|-----------------------------------------------|---------------------|--------------------|------------------------|----------|----------------------------------------|----------|-----------------------------------------|--------------------|----------------------|---------|--------------------------------|----------|--------------------|
|                                               | a. BELIEVED PRESENT | b. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE (if available) |          | c. LONG TERM AVRG. VALUE (if available) | d. NO. OF ANALYSES | a. CONCENTRATION     | b. MASS | a. LONG TERM AVERAGE VALUE (1) |          | b. NO. OF ANALYSES |
|                                               |                     |                    | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                      | (2) MASS | (1) CONCENTRATION                       | (2) MASS           |                      |         | CONCENTRATION                  | (2) MASS |                    |
| g. Nitrogen, Total Organic (as N)             |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| h. Oil and Grease                             |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| i. Phosphorus (as P), Total (7723-14-0)       | X                   |                    | 0.2 mg/L               | X        | 0                                      | X        | 0                                       | X                  |                      |         |                                |          |                    |
| j. Radioactivity                              |                     |                    |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| (1) Alpha, Total                              |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| (2) Beta, Total                               |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| (3) Radium, Total                             |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| (4) Radium 226, Total                         |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| k. Sulfate (as SO <sub>4</sub> ) (14808-79-8) |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| l. Sulfide (as S)                             |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| m. Sulfite (as SO <sub>3</sub> ) (14265-45-3) |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| n. Surfactants                                |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| o. Aluminum, Total (7429-90-5)                |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| p. Barium, Total (7440-39-3)                  |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| q. Boron, Total (7440-42-8)                   |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| r. Cobalt, Total (7440-48-4)                  |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| s. Iron, Total (7439-89-6)                    | X                   |                    | X                      | X        | X                                      | X        | X                                       | X                  | X                    | X       | 0.5                            | X        | X                  |
| t. Magnesium, Total (7439-95-4)               |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| u. Molybdenum, Total (7439-98-7)              |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| v. Manganese, Total (7439-96-5)               | X                   |                    | 0.025                  | X        | X                                      | X        | X                                       | X                  | X                    | X       | X                              | X        | X                  |
| w. Tin, Total (7440-31-5)                     |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |
| x. Titanium, Total (7440-32-6)                |                     | X                  |                        |          |                                        |          |                                         |                    |                      |         |                                |          |                    |

CONTINUED FROM PAGE 3 OF FORM 2-C

|                                             |                |
|---------------------------------------------|----------------|
| EPA ID. NUMBER (copy from Item 1 of Form 1) | OUTFALL NUMBER |
|---------------------------------------------|----------------|

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NUMBER<br>(if available)    | 2. MARK "X"         |                     |                    | 3. EFFLUENT                   |                                           |     |                                                   | 4. UNITS           |                  | 5. INTAKE (optional) |                            |     |               |
|--------------------------------------------------|---------------------|---------------------|--------------------|-------------------------------|-------------------------------------------|-----|---------------------------------------------------|--------------------|------------------|----------------------|----------------------------|-----|---------------|
|                                                  | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE<br>(1) | b. MAXIMUM 30 DAY VALUE<br>(if available) |     | c. LONG TERM AVRG. VALUE<br>(if available)<br>(1) | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE |     |               |
|                                                  |                     |                     |                    |                               | (1)                                       | (2) |                                                   |                    |                  |                      | (1)                        | (2) |               |
|                                                  |                     |                     |                    |                               |                                           |     |                                                   |                    |                  |                      |                            |     | CONCENTRATION |
| METALS, CYANIDE, AND TOTAL PHENOLS               |                     |                     |                    |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 1M. Antimony, Total<br>(7440-36-0)               |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 2M. Arsenic, Total<br>(7440-38-2)                |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 3M. Beryllium, Total<br>(7440-41-7)              |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 4M. Cadmium, Total<br>(7440-43-9)                |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 5M. Chromium, Total<br>(7440-47-3)               |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 6M. Copper, Total<br>(7440-50-8)                 |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 7M. Lead, Total<br>(7439-92-1)                   |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 8M. Mercury, Total<br>(7439-97-6)                |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 9M. Nickel, Total<br>(7440-02-0)                 |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 10M. Selenium, Total<br>(7782-49-2)              |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 11M. Silver, Total<br>(7440-22-4)                |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 12M. Thallium, Total<br>(7440-28-0)              |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 13M. Zinc, Total<br>(7440-66-6)                  |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 14M. Cyanide, Total<br>(57-12-5)                 |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 15M. Phenols, Total                              |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| DIOXIN                                           |                     |                     |                    |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| 2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6) |                     |                     | X                  |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |
| DESCRIBE RESULTS                                 |                     |                     |                    |                               |                                           |     |                                                   |                    |                  |                      |                            |     |               |

DESCRIBE RESULTS

CONTINUED FROM THE FRONT

| 1. POLLUTANT AND CAS NUMBER<br>(if available) | 2. MARK "X"                           |                     |                    | 3. EFFLUENT                                    |                                                                   |                                         |          | 4. UNITS           |                  | 5. INTAKE (optional) |                            |          |
|-----------------------------------------------|---------------------------------------|---------------------|--------------------|------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|----------|--------------------|------------------|----------------------|----------------------------|----------|
|                                               | a. TESTING REQUIRED<br>(if available) | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE<br>(1)<br>CONCENTRATION | b. MAXIMUM 30 DAY VALUE<br>(if available)<br>(1)<br>CONCENTRATION | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS              | 5. LONG TERM AVERAGE VALUE |          |
|                                               |                                       |                     |                    |                                                |                                                                   | (1)<br>CONCENTRATION                    | (2) MASS |                    |                  |                      | (1)<br>CONCENTRATION       | (2) MASS |
| GC/MS FRACTION – VOLATILE COMPOUNDS           |                                       |                     |                    |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 1V. Acrolein<br>(107-02-8)                    |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 2V. Acrylonitrile<br>(107-13-1)               |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 3V. Benzene<br>(71-43-2)                      |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 4V. Bis (Chloromethyl) Ether<br>(542-88-1)    |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 5V. Bromoform<br>(75-25-2)                    |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 6V. Carbon Tetrachloride<br>(56-23-5)         |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 7V. Chlorobenzene<br>(108-90-7)               |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 8V. Chlorodibromomethane<br>(124-48-1)        |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 9V. Chloroethane<br>(75-00-3)                 |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 10V. 2-Chloroethylvinyl Ether<br>(110-75-8)   |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 11V. Chloroform<br>(67-66-3)                  |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 12V. Dichlorobromomethane<br>(75-27-4)        |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 13V. Dichlorodifluoromethane<br>(75-71-8)     |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 14V. 1,1-Dichloroethane (75-34-3)             |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 15V. 1,2-Dichloroethane (107-06-2)            |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 16V. 1,1-Dichloroethylene (75-35-4)           |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 17V. 1,2-Dichloropropane (78-87-5)            |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 18V. 1,3-Dichloropropylene<br>(542-75-6)      |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 19V. Ethylbenzene<br>(100-41-4)               |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 20V. Methyl Bromide (74-83-9)                 |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |
| 21V. Methyl Chloride (74-87-3)                |                                       |                     | X                  |                                                |                                                                   |                                         |          |                    |                  |                      |                            |          |

CONTINUED FROM PAGE V-4

| 1. POLLUTANT AND CAS NUMBER<br>(if available)   | 2. MARK "X"         |                     |                    | 3. EFFLUENT                                 |                                           |          |                                            | 4. UNITS           |                  | 5. INTAKE (optional) |                                                 |                    |
|-------------------------------------------------|---------------------|---------------------|--------------------|---------------------------------------------|-------------------------------------------|----------|--------------------------------------------|--------------------|------------------|----------------------|-------------------------------------------------|--------------------|
|                                                 | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE<br>(1) CONCENTRATION | b. MAXIMUM 30 DAY VALUE<br>(if available) |          | c. LONG TERM AVRG. VALUE<br>(if available) | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE<br>(1) CONCENTRATION | b. NO. OF ANALYSES |
|                                                 |                     |                     |                    |                                             | (1) CONCENTRATION                         | (2) MASS |                                            |                    |                  |                      |                                                 |                    |
| GC/MS FRACTION – VOLATILE COMPOUNDS (continued) |                     |                     |                    |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 22V. Methylene Chloride (75-09-2)               |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 23V. 1,1,2,2-Tetrachloroethane (79-34-5)        |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 24V. Tetrachloroethylene (127-18-4)             |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 25V. Toluene (108-88-3)                         |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 26V. 1,2-Trans-Dichloroethylene (156-60-5)      |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 27V. 1,1,1-Trichloroethane (71-55-6)            |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 28V. 1,1,2-Trichloroethane (79-00-5)            |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 29V. Trichloroethylene (79-01-6)                |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 30V. Trichlorofluoromethane (75-68-4)           |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 31V. Vinyl Chloride (75-01-4)                   |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| GC/MS FRACTION – ACID COMPOUNDS                 |                     |                     |                    |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 1A. 2-Chlorophenol (95-57-8)                    |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 2A. 2,4-Dichlorophenol (120-83-2)               |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 3A. 2,4-Dimethylphenol (105-67-9)               |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 4A. 4,6-Dinitro-O-Cresol (534-52-1)             |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 5A. 2,4-Dinitrophenol (51-28-5)                 |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 6A. 2-Nitrophenol (88-75-5)                     |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 7A. 4-Nitrophenol (100-02-7)                    |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 8A. P-Chloro-M-Cresol (59-50-7)                 |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 9A. Pentachlorophenol (87-86-5)                 |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 10A. Phenol (108-95-2)                          |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |
| 11A. 2,4,6-Trichlorophenol (88-05-2)            |                     |                     | X                  |                                             |                                           |          |                                            |                    |                  |                      |                                                 |                    |

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CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

| 1. POLLUTANT AND CAS NUMBER<br>(if available) | 2. MARK "X"         |                     |                    | 3. EFFLUENT                              |          |                                           |          | 4. UNITS                                   |                    | 5. INTAKE (optional) |         |
|-----------------------------------------------|---------------------|---------------------|--------------------|------------------------------------------|----------|-------------------------------------------|----------|--------------------------------------------|--------------------|----------------------|---------|
|                                               | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE<br>(if available) |          | b. MAXIMUM 30 DAY VALUE<br>(if available) |          | c. LONG TERM AVRG. VALUE<br>(if available) | d. NO. OF ANALYSES | a. CONCENTRATION     | b. MASS |
|                                               |                     |                     |                    | (1) CONCENTRATION                        | (2) MASS | (1) CONCENTRATION                         | (2) MASS |                                            |                    |                      |         |
| GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS       |                     |                     |                    |                                          |          |                                           |          |                                            |                    |                      |         |
| 1B. Acenaphthene (83-32-9)                    |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 2B. Acenaphthylene (208-96-8)                 |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 3B. Anthracene (120-12-7)                     |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 4B. Benzidine (92-87-5)                       |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 5B. Benzo (a) Anthracene (56-55-3)            |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 6B. Benzo (a) Pyrene (50-32-8)                |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 7B. 3,4-Benzofluoranthene (205-99-2)          |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 8B. Benzo (ghi) Perylene (191-24-2)           |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 9B. Benzo (k) Fluoranthene (207-08-9)         |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 10B. Bis (2-Chloroethoxy) Methane (111-91-1)  |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 11B. Bis (2-Chloroethyl) Ether (111-44-4)     |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 12B. Bis (2-Chloroisopropyl) Ether (102-80-1) |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)  |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 14B. 4-Bromophenyl Phenyl Ether (101-35-3)    |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 15B. Butyl Benzyl Phthalate (85-68-7)         |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 16B. 2-Chloronaphthalene (91-58-7)            |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)  |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 18B. Chrysene (218-01-9)                      |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 19B. Dibenzo (a,h) Anthracene (53-70-3)       |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 20B. 1,2-Dichlorobenzene (95-50-1)            |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |
| 21B. 1,3-Dichlorobenzene (541-73-1)           |                     |                     | X                  |                                          |          |                                           |          |                                            |                    |                      |         |

| 1. POLLUTANT AND CAS NUMBER<br>(if available)         | 2. MARK "X"         |                     |                    | 3. EFFLUENT                                 |                                           |                   |                                            | 4. UNITS           |                  | 5. INTAKE (optional) |                                                 |                    |
|-------------------------------------------------------|---------------------|---------------------|--------------------|---------------------------------------------|-------------------------------------------|-------------------|--------------------------------------------|--------------------|------------------|----------------------|-------------------------------------------------|--------------------|
|                                                       | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE<br>(1) CONCENTRATION | b. MAXIMUM 30 DAY VALUE<br>(if available) |                   | c. LONG TERM AVRG. VALUE<br>(if available) | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE<br>(1) CONCENTRATION | b. NO. OF ANALYSES |
|                                                       |                     |                     |                    |                                             | (2) MASS                                  | (1) CONCENTRATION |                                            |                    |                  |                      |                                                 |                    |
| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)   |                     |                     |                    |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 22B. 1,4-Dichlorobenzene (106-46-7)                   |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 23B. 3,3-Dichlorobenzidine (91-84-1)                  |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 24B. Diethyl Phthalate (84-86-2)                      |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 25B. Dimethyl Phthalate (131-11-3)                    |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 26B. Di-N-Butyl Phthalate (84-74-2)                   |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 27B. 2,4-Dinitrotoluene (121-14-2)                    |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 28B. 2,6-Dinitrotoluene (606-20-2)                    |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 29B. Di-N-Octyl Phthalate (117-84-0)                  |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7) |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 31B. Fluoranthene (206-44-0)                          |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 32B. Fluorene (86-73-7)                               |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 33B. Hexachlorobenzene (118-74-1)                     |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 34B. Hexachlorobutadiene (87-68-3)                    |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 35B. Hexachlorocyclopentadiene (77-47-4)              |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 36B. Hexachloroethane (67-72-1)                       |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 37B. Indeno (1,2,3-cd) Pyrene (183-39-5)              |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 38B. Isophorone (78-59-1)                             |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 38B. Naphthalene (91-20-3)                            |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 40B. Nitrobenzene (98-95-3)                           |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 41B. N-Nitrosodimethylamine (62-75-9)                 |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |
| 42B. N-Nitrosodi-N-Propylamine (621-64-7)             |                     |                     | X                  |                                             |                                           |                   |                                            |                    |                  |                      |                                                 |                    |

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| 1. POLLUTANT AND CAS NUMBER<br>(if available)       | 2. MARK "X"                           |                     |                    | 3. EFFLUENT                   |          |                                           |     |                                            |          | 4. UNITS           |                  | 5. INTAKE (optional) |                            |               |                    |
|-----------------------------------------------------|---------------------------------------|---------------------|--------------------|-------------------------------|----------|-------------------------------------------|-----|--------------------------------------------|----------|--------------------|------------------|----------------------|----------------------------|---------------|--------------------|
|                                                     | a. TESTING REQUIRED<br>(if available) | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE<br>(1) |          | b. MAXIMUM 30 DAY VALUE<br>(if available) |     | c. LONG TERM AVRG. VALUE<br>(if available) |          | d. NO. OF ANALYSES | a. CONCENTRATION | b. MASS              | a. LONG TERM AVERAGE VALUE |               | b. NO. OF ANALYSES |
|                                                     |                                       |                     |                    | CONCENTRATION                 | (2) MASS | CONCENTRATION                             | (1) | CONCENTRATION                              | (2) MASS |                    |                  |                      | (1)                        | CONCENTRATION |                    |
| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued) |                                       |                     |                    |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 43B. N-Nitrosodiphenylamine (86-30-6)               |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 44B. Phenanthrene (85-01-8)                         |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 45B. Pyrene (129-00-0)                              |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 46B. 1,2,4-Trichlorobenzene (120-82-1)              |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| GC/MS FRACTION – PESTICIDES                         |                                       |                     |                    |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 1P. Aldrin (309-00-2)                               |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 2P. $\alpha$ -BHC (319-84-6)                        |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 3P. $\beta$ -BHC (319-85-7)                         |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 4P. $\gamma$ -BHC (58-89-9)                         |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 5P. $\delta$ -BHC (319-86-8)                        |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 6P. Chlordane (57-74-9)                             |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 7P. 4,4'-DDT (50-29-3)                              |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 8P. 4,4'-DDE (72-55-9)                              |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 9P. 4,4'-DDD (72-54-8)                              |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 10P. Dieldrin (60-57-1)                             |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 11P. $\alpha$ -Endosulfan (115-29-7)                |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 12P. $\beta$ -Endosulfan (115-29-7)                 |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 13P. Endosulfan Sulfate (1031-07-8)                 |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 14P. Endrin (72-20-8)                               |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 15P. Endrin Aldehyde (7421-93-4)                    |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |
| 16P. Heptachlor (76-44-8)                           |                                       |                     | X                  |                               |          |                                           |     |                                            |          |                    |                  |                      |                            |               |                    |

|                                              |                |
|----------------------------------------------|----------------|
| EPA I.D. NUMBER (copy from Item 1 of Form I) | OUTFALL NUMBER |
|----------------------------------------------|----------------|

CONTINUED FROM PAGE V-8

| 1. POLLUTANT AND CAS NUMBER<br>(if available) | 2. MARK "X"         |                     |                    | 3. EFFLUENT            |          |                                           |          | 4. UNITS                                |          | 5. INTAKE (optional) |                  |         |                   |
|-----------------------------------------------|---------------------|---------------------|--------------------|------------------------|----------|-------------------------------------------|----------|-----------------------------------------|----------|----------------------|------------------|---------|-------------------|
|                                               | a. TESTING REQUIRED | b. BELIEVED PRESENT | c. BELIEVED ABSENT | a. MAXIMUM DAILY VALUE |          | b. MAXIMUM 30 DAY VALUE<br>(if available) |          | c. LONG TERM AVRG. VALUE (if available) |          | d. NO. OF ANALYSES   | a. CONCENTRATION | b. MASS |                   |
|                                               |                     |                     |                    | (1) CONCENTRATION      | (2) MASS | (1) CONCENTRATION                         | (2) MASS | (1) CONCENTRATION                       | (2) MASS |                      |                  |         | (1) CONCENTRATION |
| GC/MS FRACTION - PESTICIDES (continued)       |                     |                     |                    |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 17P. Heptachlor Epoxide<br>(1024-57-3)        |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 18P. PCB-1242<br>(53469-21-9)                 |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 19P. PCB-1254<br>(11097-69-1)                 |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 20P. PCB-1221<br>(11104-28-2)                 |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 21P. PCB-1232<br>(11141-18-5)                 |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 22P. PCB-1248<br>(12672-29-6)                 |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 23P. PCB-1260<br>(11096-82-5)                 |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 24P. PCB-1016<br>(12674-11-2)                 |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |
| 25P. Toxaphene<br>(8001-35-2)                 |                     |                     | X                  |                        |          |                                           |          |                                         |          |                      |                  |         |                   |

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## VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Henrico County Water Treatment Facility

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit?

This may or may not be the facility or property owner.

Arthur Petrini, P.E.

2. **Is this facility located within city or town boundaries?** N

3. **Provide the tax map parcel number for the land where the discharge is located.**

749-753-7039

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0 acres

5. **What is the design average effluent flow of this facility?** 0 MGD

**For industrial facilities, provide the max. 30-day average production level, include units:**

**In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** N

If "Yes", please identify the other flow tiers (in MGD) or production levels:

*Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?*

6. **Nature of operations generating wastewater:**

Potential of discharge from the treatment works (stormwater detention basin) for emergency overflows from the Henrico County Water Treatment Facility. Depending upon the release in the treatment train the release may range from fully treated potable water to untreated raw water from the James River. This permit also covers the potential for planned discharge of potable water during periods when the WTF clearwell is partially drained for structural inspections and maintenance.

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 0

100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** Continuous X Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges: A discharge into the stormwater detention pond from the WTF has not occurred during the last permitted period. If a release were to occur it would last for only a short duration. Planned releases will be monitored to maintain the detention time of the basin between 48 and 60 hours.

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

Permanent stream, never dry

X Intermittent stream, usually flowing, sometimes dry

Ephemeral stream, wet-weather flow, often dry

Effluent-dependent stream, usually or always dry without effluent flow

Lake or pond at or below the discharge point

Other: Stormwater Discharge Outlet

9. **Approval Date(s):**

**O & M Manual** June 2005 **Sludge/Solids Management Plan** N/A

Have there been any changes in your operations or procedures since the above approval dates?

N

PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290. C. 2.

Agent/Department to be billed:

Agent/Department to be billed: Henrico County Department of Public Utilities

Owner: Henrico County Department of Public Utilities

Applicant's Address: P.O. Box 27032

Richmond, VA 23273

Agent's Telephone No: 804-501-4280

Authorizing Agent:   
Signature

Facility Name: Henrico County Water Treatment Plant

Permit No: VA0091197

**Please return to:**

Ms. Gina Kelly  
DEQ -- Piedmont Regional Office  
4949 A-Cox Road  
Glen Allen, VA 23060

Fax Number: 804-527-5106